Section 4: Prioritization of Populations and Interventions

Updated September 2003

PRIORITIZATION OF POPULATIONS

Because the District of Columbia has a very high prevalence of AIDS cases all people who practice behaviors that could lead to the transmission of HIV are at high risk for contracting HIV. Because of limited resources, populations must be ranked in order of highest need as a guide to determining how prevention funding and resources will be prioritized

The CDC's AIDS Surveillance Report for the period ending June 2001 states that adult/adolescent males in the District had an annual rate of AIDS of 29.9 cases per 10,000 population for cases reported July 2000 through June 2001, compared with a national rate for males of 2.7 cases per 10,000 population. The rate for adult/adolescent females in the District was 10.2 per 10,000 population for the same period, compared with the national rate for women of 0.8 cases of AIDS per 10,000 population

The HIV/AIDS Administration (HAA), its sub-grantees and the HIV Prevention Community Planning Group (HPCPG) conducted needs assessment activities in 2001 and 2002, and HAA developed a new epidemiologic profile of the District, to obtain information upon which to base a new process to prioritize target populations. The information gathered during the needs assessment process was guided by several rating factors (i.e. criteria for ranking populations) that had been used in previous priority-setting processes. In 2002, the Program Initiatives Committee of the HPCPG prepared for and completed the process for prioritizing populations over an eight-month period. Committee meetings held monthly from January through May 2002 and weekly meetings during June through August, including two full-day retreats.

Activities included reviewing and revising existing instruments for priority-setting; obtaining community feedback on the process for prioritizing populations; recruiting additional community members to participate in the prioritization activities; receiving technical assistance from HAA staff and ranking target populations.

The Committee adopted the following guidelines for the process:

1. Decisions were made by consensus. In those instances where consensus could not be reached, a vote was taken. Only HPCPG members and their alternates, and community participants that attended at least 70% of Committee meetings within a one-month period, could vote. The full HPCPG approved this process to ensure that community participants were not excluded from voting when they had already provided input throughout most of the process. Consideration was given to the critical role that community representatives that are not HPCPG members play in setting priorities for HIV prevention.
2. The decisions by the Committee were recommendations to the full HPCPG, which had final approval of the prioritization.
3. The role of the Department of Health's HIV/AIDS Administration was to provide logistical and technical support, and to assist in the recruitment and orientation of committee members.

In 1999, the Committee had developed and used a model for prioritizing target populations that was based on the recommendations and tools developed by the Academy for Educational Development (AED). The Committee created one list of 17 target populations based on "group identity," where a population was defined either by behavioral risk, race and gender or by physical, social or situational affinity.

In 2002, the Committee continued to utilize tools based on the AED publication "Setting HIV Prevention Priorities: A Guide for Community Planning Groups," but chose to create two distinct target population lists:

1. Populations defined by behavioral risk (by gender and race/ethnicity) and for which there was AIDS case data, and
2. Special Populations those were not defined by behavioral risk and for which no AIDS case data was available.

Sub-targets defined by behavioral risk category were identified for each Special Population, and discussed at length; however, lack of sufficient information about these sub-targets did not allow for a ranking of sub-targets. Instead, the Committee made recommendations about specific studies that needed to be conducted in 2003 for these Special Populations.

Steps for Prioritizing Target Populations

The Committee completed the following steps for prioritization of target populations:

1. Select the target populations to be reviewed
2. Select criteria or "Rating Factors" for ranking populations
3. Weight each selected Rating Factor
4. Decide what rating information would be used to discuss and consider each Factor
5. Develop a Rating scale for each Rating Factor (i.e. decide on a "scoring" system for rating each Factor)
6. Finalize the Rating Form
7. Gather any tools (e.g. worksheets, data tables & charts) that would be used by Committee members to assist in organizing and recording their thoughts, data, sources of information and notes.
8. Review the 2002 Needs Assessment and the 2002 Epidemiologic Profile to obtain information for the ratings
9. Rate each population using Rating Form approved by the full HPCPG

The Committee made revisions to the rating form that was used in 1999 to prioritize populations. In 1999, the greatest weight was given AIDS case data, with the top 10 target populations representing the highest proportion of new AIDS cases. The rating process did not consider HIV because that data was not available for most target populations. (The District began HIV surveillance at the end of 2001.)

For the 2002 deliberations, the Committee considered how AIDS case data would be used, if this data were not available for all populations. The Committee felt that a target population should not be "penalized" for lack of AIDS data. This resulted in the development of two versions of the rating forms, one for populations defined by HIV risk and for which AIDS case

data was available, and one for Special Populations. The rating form for Special Populations considered all rating factors with the same weights, but excluded the AIDS case data and Riskiness of Population Behavior as rating factors.

Additionally, the committee chose to look specifically at AIDS case rates for better comparison between target populations, and the percent change in the number of new AIDS cases, i.e. the percent increase or decrease in new AIDS cases among target populations between 1995 and 2000. Committee members felt that these sub-factors would provide the best picture of how the AIDS epidemic was impacting and changing for each target population. Each of these sub-factors (i.e. Rates and Percent Change in new AIDS cases) was rated separately. The two scores were then averaged.

Other changes in the rating form were as follows: the range for weights changed from 1-3 (1999) to 1-5, with 5 being the highest weight. Rating questions were developed to guide the group in understanding what specific information would be used to examine each criteria. For each rating factor, a scale was created indicating possible range of responses, and points were assigned to each item on the scale.

Members of the Committee based their decision-making upon eight factors, and assigned a weight to each factor. Information for each factor was obtained from the 2002 Epidemiologic Profile of the District of Columbia (See Section 9 of this Plan) and the section on Needs, Resources and Gaps (Section 2).

TABLE A

RATING FACTORS & WEIGHTS

Size of population	AIDS Case Data	Riskiness of behavior	Prevalence of risky Behavior	Multiple risk factors	Difficulty meeting needs / Barriers	Emerging issues	Resources
[3]	[4]	[4]	[3]	[5]	[2]	[4]	[2]

For each Rating Factor, the Committee members developed worksheets to guide them in understanding what essential questions needed to be asked to fully consider each Rating Factor.

TABLE B

RATING QUESTIONS

Size of Population	• What is the estimated size of the target population?
AIDS Case Data	• What is the rate of AIDS cases within the target population – per 10,000 population – for the years 1996-2001? • What is the percentage change (i.e. increase or decrease) in new AIDS cases between 1995 and 2000 in the target population?
Riskiness of Population Behavior	• What is the primary HIV risk behavior known to occur among the target population?
Prevalence of Risky Behavior	• How high is the prevalence of risky behavior in the target population?
Multiple Risk Factors	• Are there other key indicators of risk behaviors among the target population?
Difficulty meeting needs/ Barriers	• Are there significant barriers to reaching the target population with HIV prevention interventions?
Emerging Issues	• Are there any significant emerging issues that impact the target population?
Resources	• Are there substantial resources currently available for the target population?

There were several discussions for each rating question, in order to determine what information or data would and would not be considered for each rating factor. For example: Multiple Risk Factors would consider primarily behavioral risk indicators like STD data, substance abuse and unplanned pregnancy rates, as well as psycho-social factors. For Emerging Issues, the members considered any shifts in demographics, social or political climate, local or national policies impacting the target population, and HIV data where available. Worksheets were developed to assist members in considering and reviewing the same types of information for each rating factor and to document sources.

How Information was Gathered and Used

The Committee used the Needs Assessment of the HIV Prevention Plan for 2003-2004 (See Section 2) and the 2002 Epidemiologic Profile for the District of Columbia (See Section 9) to obtain information about each of the rating factors used for prioritization. The Needs Assessment

is organized by each of the rating factors. The information was supplemented by anecdotal accounts of some factors (e.g. Emerging Issues, Difficulty Meeting Needs and Barriers) by HIV services providers who participated in Committee meetings. The committee meetings were held at the offices of various community based organizations that provide HIV prevention and other AIDS services. Provider staff gave additional in put on some of the issues presented in the needs assessment.

Committee members individually completed rating forms for each target population and special population. This was followed by members/participants working in teams of two or three people, and small groups organized according to areas of expertise (by target population), experience and interest. In these teams they reached consensus on scoring on the rating forms for the populations to which they were assigned. The teams presented their ratings and scores to the whole Committee for discussion. The Committee reached consensus on the ratings and scores for each target population and special population. These recommendations were presented to the full HPCPG and accepted with no changes in rankings in August 2002.

The Committee felt that a target population should not be "penalized" for lack of AIDS data AIDS case data [What is the rate of AIDS cases within the target population? – per 10,000 persons, and What is the % change (i.e. increase or decrease) in new AIDS cases (1996-2001) among the target population?] or information on the riskiness of the population's behavior (Which is the primary HIV risk behavior known to occur among the target population?). This resulted in the development of second version of the rating form for Special Populations. The rating form for Special Populations considered all rating factors with the same weights, but excluded the AIDS case data and Riskiness of Population Behavior as rating factors. For those populations, the committee used six factors, as shown in Table D below.

The Committee used the following rating forms for Target Populations and Special Populations:

TABLE C

Rating Form for target populations defined by behavioral risk and with existing AIDS data

Size of Target Population	**AIDS Case Data**		**Riskiness of Population Behavior**	**Prevalence of Risky Behavior**
Weight [3]	**Weight [4]**		**Weight [4]**	**Weight [3]**
What is the estimated size of the TP?	What is the rate of AIDS cases within the TP? – per 10,000 persons	What is the % change (i.e. increase or decrease) in new AIDS cases (1996-2001) among the TP?	Which is the primary HIV risk behavior known to occur among the TP?	How high is the prevalence of risky behavior in the TP?
❑ ≥ 90K (**12 pt.)** ❑ ≥ 50K to < 90K **(9 pt.)** ❑ ≥ 5K to <50K **(6 pt.)** ❑ < 5K **(3 pt.)**	❑ Rate ≥ 70 **(12 pt.)** ❑ Rate ≥ 40 to < 70 **(9 pt.)** ❑ Rate ≥10 to <40 **(6 pt.)** ❑ Rate < 10 **(3 pt.)**	❑ There has been a <20% **decrease** in AIDS cases. **(12 pt.)** ❑ There has been a >20% & <35% **decrease** in AIDS cases. **(9 pt.)** ❑ There has been a >35% **decrease** in AIDS cases. **(6 pt.)**	❑ Sharing IDU equipment **(12 pt.)** ❑ Anal Sex **(9 pt.)** ❑ Vaginal Sex **(6 pt.)** ❑ Oral Sex **(3 pt.)**	❑ **High** Prevalence **(12 pt.)** ❑ **Moderate** Prevalence **(9 pt.)** ❑ **Low** Prevalence **(6 pt.)** ❑ Not high/ No information **(3 pt)**
Points: **x Weight [3]=**	**Points (Average):** **x Weight [4]=**		**Points:** **x Weight [4]=**	**Points:** **x Weight [3]=**

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Rating Form for target populations defined by behavioral risk and with existing AIDS data (continued from previous page)

Multiple Risk Factors	**Difficulty Meeting Needs / Barriers**	**Emerging Issues**	**Existing Resources**
Weight [5]	**Weight [2]**	**Weight [4]**	**Weight [2]**
Are there other key indicators of risk behaviors among the TP?	Are there significant barriers to reaching the TP with HIV prevention interventions?	Are there any significant emerging issues that impact the target population?	Are there resources currently available for this TP?
❑ **Substantial** risk factors identified **(12 pt.)** ❑ **Moderate** No. of multiple risk factors identified **(9 pt.)** ❑ **Few** or no multiple risk factors identified **(6 pt.)**	❑ **Substantial** barriers identified **(12 pt.)** ❑ **Moderate** No. of barriers identified **(9 pt.)** ❑ **Few** or virtually no barriers identified **(6 pt.)**	❑ **Substantial** issues identified **(12 pt.)** ❑ **Moderate** No. of issues identified **(9 pt.)** ❑ **Few** or virtually no issues identified **(6 pt.)**	❑ **Few** or virtually no resources **(12 pt.)** ❑ **Moderate** No. of resources **(9 pt.)** ❑ **Substantial** No. of resources **(6 pt.)**
Points:	**Points:**	**Points**	**Points:**
x Weight [5]=	**x Weight [2]=**	**x Weight [4]=**	**x Weight [2]=**
Total Score _____Divided by 8 Factors =			

TABLE D

Rating Form for target populations not defined by behavioral risk and with no AIDS data

Size of Target Population	**Prevalence of Risky Behavior**	**Multiple Risk Factors**	**Difficulty Meeting Needs / Barriers**	**Emerging Issues**	**Existing Resources**
Weight [3]	**Weight [3]**	**Weight [5]**	**Weight [2]**	**Weight [4]**	**Weight [2]**
What is the estimated size of the TP?	How high is the prevalence of risky behavior in the TP?	Are there other key indicators of risk behaviors among the TP?	Are there significant barriers to reaching the TP with HIV prevention interventions?	Are there any significant emerging issues that impact the target population?	Are there resources currently available for this TP?
❑ ≥ 90K (**12 pt.)** ❑ ≥ 50K to < 90K **(9 pt.)** ❑ ≥ 5K to <50K **(6 pt.)** ❑ < 5K **(3 pt.)**	❑ **High** Prevalence **(12 pt.)** ❑ **Moderate** Prevalence **(9 pt.)** ❑ **Low** Prevalence **(6 pt.)** ❑ Not high/ No information **(3 pt)**	❑ **Substantial** risk factors identified **(12 pt.)** ❑ **Moderate** No. of multiple risk factors identified **(9 pt.)** ❑ **Few** or no multiple risk factors identified **(6 pt.)**	❑ **Substantial** barriers identified **(12 pt.)** ❑ **Moderate** No. of barriers identified **(9 pt.)** ❑ **Few** or virtually no barriers identified **(6 pt.)**	❑ **Substantial** issues identified **(12 pt.)** ❑ **Moderate** No. of issues identified **(9 pt.)** ❑ **Few** or virtually no issues identified **(6 pt.)**	❑ **Few** or virtually no Resources **(12 pt.)** ❑ **Moderate** No. of resources **(9 pt.)** ❑ **Substantial** No. of resources **(6 pt.)**
Points: x Weight [3]=	**Points: x Weight [3]=**	**Points: x Weight [5]=**	**Points: x Weight [2]=**	**Points x Weight [4]=**	**Points: x Weight [2]=**
			Total Scores _____Divided by 6 Factors =		

The recommendations of the Program Initiatives Committee were submitted for approval by the full HPCPG, which approved the following rankings for prioritized populations in September 2002:

Population	Rank
Injection Drug Users	**1**
Black Heterosexual Females	**2**
Adolescents and Young Adults	**3 (tie)**
Black MSM	**3 (tie)**
Black Heterosexual Males	**4**
White MSM	**5**
Latino, Asian and Pacific Islander MSM	**6**
Pregnant Women at-risk / HIV-Positive	**Sub-target of heterosexual women**
Persons Living with HIV/AIDS	**7**
Latino Heterosexual Females	**8**
Latino Heterosexual Males	**9**
Older Adults	**10**
Special Population	
Incarcerated/ex-offenders	**1**
Commercial Sex Workers	**2 (tie)**
Transgendered Persons	**2 (tie)**
Immigrants	**3**
Blind & Disabled	**4**
Deaf & Hard of Hearing	**5 (tie)**
Homeless	**5 (tie)**
Chronically Mentally Ill	**6**

2003 Update

The CDC's 2003-2008 HIV Prevention Community Planning Guidance requires that HIV prevention community planning groups "prioritize HIV-infected persons as the highest priority population for appropriate prevention services."

In September 2003, the HPCPG approved a change to the list of prioritized populations, to rank people living with HIV as the Number 1 population. The change resulted in the following ranking of target populations:

Population	Rank
Persons Living with HIV/AIDS	**1**
Injection Drug Users	**2**
Black Heterosexual Females	**3**
Adolescents and Young Adults	**4 (tie)**
Black MSM	**4 (tie)**
Black Heterosexual Males	**5**
White MSM	**6**
Latino, Asian and Pacific Islander MSM	**7**
Pregnant Women at-risk / HIV-Positive	**Sub-target of heterosexual women**
Latino Heterosexual Females	**8**
Latino Heterosexual Males	**9**
Older Adults	**10**
Special Populations	
Incarcerated/ex-offenders	**1**
Commercial Sex Workers	**2 (tie)**
Transgendered Persons	**2 (tie)**
Immigrants	**3**
Blind & Disabled	**4**
Deaf & Hard of Hearing	**5 (tie)**
Homeless	**5 (tie)**
Chronically Mentally Ill	**6**

PRIORITIZATION OF INTERVENTIONS

The Program Initiatives Committee considered several criteria in prioritizing interventions for prioritized populations:

The impact and trends of HIV/AIDS and other STDs in defined populations as identified in the 1999 Epidemiologic Profile of the District of Columbia.

The effectiveness of proposed strategies and interventions as described in Section 3 of this HIV Prevention Plan, Potential Strategies and Interventions, and the use of scientific theory in interventions when outcome effectiveness information was lacking;

The effectiveness and appropriateness of interventions for each population, based on factors such as the risk behaviors of each population, the ability to access the populations and engage them in prevention interventions, and the cultural values, norms, and preferences of the communities. Much of this discussion was based on the experiences of prevention providers on the Committee

The cost effectiveness of strategies and interventions: Wherever possible, the Committee considered the information on cost effectiveness included in Section 3 of the HIV Prevention Plan, Potential Strategies and Interventions. In those cases where there were no cost studies, the Committee compared the cost of an intervention that can prevent one or more cases of HIV infection against the lifetime medical cost of treating a person infected with HIV, which is estimated at $119,000. The committee also considered the availability of other governmental and non-governmental resources.

Based on its deliberations, the Committee recommended and ranked interventions for each population prioritized in 1999. The Committee recommendations on prioritizing interventions were adopted by the HIV Prevention Community Planning Committee in August 2000.

Additional Considerations: During the deliberations, Committee members stressed the need to consider two issues in the development and implementation of prevention interventions:

1. The interventions, particularly psycho-educational skills building groups and prevention case management, must address psycho-cultural issues that are not necessarily related to HIV but may prevent members of the target population from engaging in safer sex and other healthy behavior consistently. Those include co-factors such as a history of sexual, physical and mental abuse; poverty, homelessness, unemployment, lack of social support, mental health stressors and lack of access to prevention resources due to lack of knowledge of services, language or literacy.
2. Participants in psycho-educational skills building groups and other interventions, such as prevention case management, should be provided with additional support, such as follow-up support groups, to help them maintain healthy behaviors.

Prioritization Process

The committee reviewed and adopted the steps to follow in setting priorities for interventions suggested in the AED publication "Setting HIV Prevention Priorities: A Guide for Community Planning Groups," namely:

1. Identify Interventions: The committee decided to use the interventions that were prioritized in 1999 for each target population as a starting point, adding or removing interventions as the process required.
2. Determine Factors: The Committee decided to use the factors suggested in the AED publication to set priorities for the interventions.
3. Weight Factors: The committee agreed to assign weights and ranks to each factor, and asked HAA staff to prepare scoring instruments for each intervention under consideration for each target population.

The Committee considered the AED-recommended factors and discussed each factor by first understanding each factor as a question:

- Is the intervention designed for a specific target population?
- Does the intervention target a specific behavior?
- How effective is the intervention it in changing behaviors?
- Does the intervention have a theoretical basis?
- Is the intervention feasible?
- Has a cost-analysis of the intervention been conducted?

The Committee agreed to use these factors, and to assign a weight to each factor to reflect the relative significance or weight for each factor. The Committee members then considered possible responses for each factor, agreed to a series of ratings for each factor, and assigned a numerical weight to each one, ranging from 1 to 5.

A sample grid was then updated based on the consensus reached by the Committee and the Committee agreed to use it to review each type of intervention recommended for each prioritized population. The following grid was then used to select interventions for each prioritized population:

Sample Grid

Ranking of interventions for: (population)

Intervention: (name)

	Intervention targets population	Targets a specific behavior	Effectiveness in changing behavior	Theoretical basis	Is it feasible?	Cost-effectiveness
Weights	**3**	**5**	**5**	**3**	**4**	**1**
	No; designed for another population **(1 point)**	No: it does not target specific behaviors, attitudes, beliefs, norms or barriers. **(1)**	Low **(1)**	No theoretical basis. **(1)**	Does the capacity exist to implement the intervention? **(2)**	Cost analysis has not been performed **(1)**
Ratings						
	Somewhat; designed for a similar population **(3)**	Yes: it does target specific behaviors, attitudes, belief, norms or barriers.**(5)**	Medium **(3)**	Yes, well-established theoretical basis. **(5)**	Is it practical given the available expertise, funding and implementation time? **(1)**	Cost analysis has been performed **(5)**
Ratings						
	Yes; designed for this population **(5)**		High **(5)**		Is the intervention acceptable to the target population? **(2)**	
Ratings						
Rating Subtotals						
Totals (weight X rating)						
			Total:		**Rank:**	

Recommended interventions: Following is a list of the populations prioritized in 2002 and the interventions that were prioritized in 2000.

Target Population #1: Injecting Drug Users (IDU)

1. Psycho-Educational Skills Building Groups
2. Street Outreach
3. Needle Exchange

The HPCPG recommended Needle Exchange as an intervention for IDUs. However, Congress has prohibited the use of District funds for needle exchange programs. (Currently there is one privately funded needle exchange program in the District.)

Target Population #2: Black Heterosexual Women

1. Psycho-Educational Skills Building Groups
2. Individual Prevention Counseling
3. Couples Counseling
4. Street Outreach
5. Social Marketing
6. Venue-Based Outreach

Target Population #3-A: Adolescents and /Young Adults (13-24)

1. Prevention Case Management
2. Psycho-Educational Skills Building Groups
3. Street Outreach
4. Social Marketing
5. Venue-based Outreach

Target Population #3-B: Black Men who have Sex with Men (MSM)

1. Psycho-Educational Skills Building Groups
2. Individual Prevention Counseling
3. Prevention Case Management
4. Street Outreach
5. Social Marketing

Target Population #4: Black Heterosexual Men

1. Individual Prevention Counseling
2. Psycho-Educational Skills Building Groups
3. Couples counseling
4. Venue-Based Outreach

Target Population #5: White MSM

1. Prevention Case Management
2. Psycho-Educational Skills Building Groups
3. Street Outreach
4. Social Marketing
5. Venue-Based Outreach

Target Population #6: Latino, Asian and Pacific Islander MSM

1. Psycho-Educational Skills Building Groups
2. Prevention Case Management
3. Street Outreach
4. Venue-based Outreach
5. Social Marketing

Target Population #7: People Living With HIV/AIDS

1. Psycho-Educational Skills Building Groups
2. Prevention Case Management
3. Partner Counseling and Referral Services

Target Population #8: Latina Heterosexual Women

1. Psycho-Educational Skills Building Groups
2. Street Outreach
3. Venue-based Outreach
4. Workshops and Presentations

Target Population #9: Latino Heterosexual Men

1. Psycho-Educational Skills Building Groups
2. Street Outreach
3. Venue-based Outreach
4. Workshops and Presentations

Target Population #10: Older Adults (50 and older)

No interventions had been prioritized for this population as of September 2002.

Special Populations

Special Target Population #1: Incarcerated Persons/Ex-Offenders

1. Psycho-Educational Skills Building Groups

Special Target Population #2-A: Commercial Sex Workers

1. Psycho-Educational Skills Building Groups
2. Street Outreach

Special Target Population #2-B: Transgendered Individuals

No interventions had been prioritized for this population as of September 2002.

Special Target Population #3: Immigrants

No interventions had been prioritized for this population as of September 2002.

Special Target Population #4: The Blind and the Physically Disabled

1. Psycho-Educational Skills Building Groups

Special Target Population #5-A: The Deaf and Hard of Hearing

1. Psycho-Educational Skills Building Groups

Special Target Population #5-B: Homeless Individuals

1. Individual Prevention Counseling
2. Street Outreach

Special Target Population #6: Chronically Mentally Ill Persons

1. Prevention Case Management
2. Psycho-Educational Skills Building Groups
3. Workshops and Presentations

2003 Update

Update of the Prioritization of Interventions

In 2003, the HPCPG made several changes to update the prioritization of interventions:

1. It identified interventions for three populations that were prioritized in 2002: Seniors, Transgender Individuals and Immigrants. Final review and approval of those recommendations were pending as of October 3, 2003.
2. It prioritized Counseling and Testing Services and Partner Counseling and Referral Services for all target populations.
3. It prioritized STD testing for all prioritized populations.

1. Interventions for Older Adults, Transgender Individuals and Immigrants

The Program Initiatives Committee used the same prioritization process that was used in 2000, which used six factors to determine if an intervention was appropriate for each of the three populations:

- Is the intervention designed for a specific target population?
- Does the intervention target a specific behavior?
- How effective is the intervention it in changing behaviors?
- Does the intervention have a theoretical basis?
- Is the intervention feasible?
- Has a cost-analysis of the intervention been conducted?

The Committee recommended the following interventions, pending final review and approval by the HPCPG:

Target Population #10: Older Adults (50 and older)

CTR, PCRS and STD Screening

Outreach and Referral (Venue-based)

HC/PI- Media (Social Marketing)

Special Target Population #2-B: Transgendered Individuals

Psycho-Educational Skills Bldg. Groups

Street and Venue-based Outreach

Special Target Population #3: Immigrants

HC/PI- Workshops/Presentations

Psycho-Educational Skills Bldg. Groups

Street and Venue-based Outreach

2. Prioritization of CTR and PCR services

The CDC's Program Announcement 04012 requires that health departments provide Counseling, Testing and Referral (CTR) and Partner Counseling and Referral (PCR) services "consistent with the priorities identified in your Comprehensive HIV Prevention Plan."

When the Program Initiatives Committee and the HPCPG prioritized interventions for target populations prior to 2003, they did not include either CTR or PCR services, because all ranked populations are targeted through CTR and PCR services.

To meet the requirements of Program Announcement 04012, the HPCPG adopted the following language to update this section of the HIV Prevention Plan:

The list of interventions recommended for target populations is expanded to include the following interventions for all prioritized populations:

- Counseling, Testing and Referral services designed to diagnose as many new HIV infections as possible. CTR services should be provided in settings most likely to reach persons who are likely to be infected, but unaware of their status, and include use of rapid and other test technologies where applicable. Detailed information on the plan to provide CTR services will be included in the annual funding application to the CDC.
- Partner Counseling and Referral services for all persons with positive test results, regardless of where they are tested. Detailed information on the plan to provide PCR services will be included in the annual funding application to the CDC.

3. Prioritization of STD testing for all prioritized populations

Program Announcement 04012 requires that health departments support efforts to identify persons with STDs that may facilitate the transmission of HIV infection. and the HIV Prevention Plan should "indicate the need to provide such services." To meet this requirement, the HPCPG adopted the following language to update this section of the HIV Prevention Plan:

The list of interventions recommended for target populations is expanded to include the following interventions for all prioritized populations

- STD screening and referrals to treatment should be provided to all individuals who receive CTR services, particularly those who test HIV-positive, to enhance HIV prevention efforts. Detailed information on the plan to provide STD screening and treatment services will be included in the annual funding application to the CDC.

Updated List of Prioritized Populations and Interventions

Target Population #1: People Living With HIV/AIDS

- Psycho-Educational Skills Building Groups
- Prevention Case Management
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Target Population #2: Injecting Drug Users (IDU)

- Psycho-Educational Skills Building Groups
- Street Outreach
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals
- Needle Exchange

The HPCPG recommended Needle Exchange as an intervention for IDUs. However, Congress has prohibited the use of District funds for needle exchange programs. (Currently there is one privately funded needle exchange program in the District.)

Target Population #3: Black Heterosexual Women

- Psycho-Educational Skills Building Groups
- Individual Prevention Counseling
- Couples Counseling
- Street Outreach
- Social Marketing
- Venue-Based Outreach
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Target Population #4-A: Adolescents and /Young Adults (13-24)

- Prevention Case Management
- Psycho-Educational Skills Building Groups
- Street Outreach
- Social Marketing
- Venue-based Outreach

- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Target Population #4-B: Black Men who have Sex with Men (MSM)

- Psycho-Educational Skills Building Groups
- Individual Prevention Counseling
- Prevention Case Management
- Street Outreach
- Social Marketing
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Target Population #5: Black Heterosexual Men

- Individual Prevention Counseling
- Psycho-Educational Skills Building Groups
- Couples counseling
- Venue-Based Outreach
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Target Population #6: White MSM

- Prevention Case Management
- Psycho-Educational Skills Building Groups
- Street Outreach
- Social Marketing
- Venue-Based Outreach
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Target Population #7: Latino, Asian and Pacific Islander MSM

- Psycho-Educational Skills Building Groups
- Prevention Case Management
- Street Outreach

- Venue-based Outreach
- Social Marketing
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Target Population #8: Latina Heterosexual Women

- Psycho-Educational Skills Building Groups
- Street Outreach
- Venue-based Outreach
- Workshops and Presentations
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Target Population #9: Latino Heterosexual Men

- Psycho-Educational Skills Building Groups
- Street Outreach
- Venue-based Outreach
- Workshops and Presentations
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Target Population #10: Older Adults (50 and older) *

- Outreach and Referral (Venue-based)
- HC/PI- Media (Social Marketing)
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Special Populations

Special Target Population #1: Incarcerated Persons/Ex-Offenders

- Psycho-Educational Skills Building Groups
- Counseling, Testing and Referral services

- Partner Counseling and Referral services
- STD screening and referrals

Special Target Population #2-A: Commercial Sex Workers

- Psycho-Educational Skills Building Groups
- Street Outreach
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Special Target Population #2-B: Transgendered Individuals

- Psycho-Educational Skills Bldg. Groups
- Street and Venue-based Outreach
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Special Target Population #3: Immigrants

- HC/PI- Workshops/Presentations
- Psycho-Educational Skills Bldg. Groups
- Street and Venue-based Outreach
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Special Target Population #4: The Blind and the Physically Disabled

- Psycho-Educational Skills Building Groups
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Special Target Population #5-A: The Deaf and Hard of Hearing

- Psycho-Educational Skills Building Groups
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Special Target Population #5-B: Homeless Individuals

- Individual Prevention Counseling
- Street Outreach
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals

Special Target Population #6: Chronically Mentally Ill Persons

- Prevention Case Management
- Psycho-Educational Skills Building Groups
- Workshops and Presentations
- Counseling, Testing and Referral services
- Partner Counseling and Referral services
- STD screening and referrals